



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
 Nellie M. Gorbea, *Secretary of State*

**Rules and Regulations Filing Form**

**1. Agency Name and Address**

**Behavioral Healthcare, Developmental Disabilities and Hospitals, Department of**  
 Barry Hall, 14 Harrington Rd., Cranston, RI 02920

**2. Title of Rule**

Rules and Regulations for the Licensing of Developmental Disability Organizations

**3. Statutory Source of Authority**

Rhode Island General Laws 40.1-24-1 et. seq.

**4. Concise Explanatory Statement - §42-35-2.3**

The purpose of the amendments to these rules is to further establish prevailing standards for the licensure and certification of agencies and programs that provide services to adults with developmental disabilities in RI. These rules are being amended and promulgated to ensure that agencies comply with prevailing standards in providing support and assistance to adults with developmental disabilities. They are being amended and promulgated in the best interest of the health, safety, and welfare of the public. These amendments rejoin this set of regulations and supersede ERLIDs 7213, 7214, 7215, 7216, 7217, 7218. There are no substantive differences between the proposed rule and the final rule.

**5. Type of Filing**

**Emergency Rules**

A1. Emergency 120-day initial - §42-35-3(b)

- ☐ Adoption  
☐ Amendment of ERLID:  
☐ Repeal of ERLID:

A2. Emergency 90-day renewal - §42-35-3(b)

- ☐ Adoption  
☐ Amendment  
 Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):

**Final Rules**

- ☒ B1. Amendment ☐ B2. Adoption ☐ B3. Repeal ☐ C. Technical Revision

Supersedes ERLID: 7213-7218

If B1 or C, please indicate new, amended, deleted, or revised sections:

Part I, Part II, Part III, Part IV, Part V, Appendix are revised sections

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-3(a)(1):06/11/2014

Date of Public Hearing - §42-35-3(a)(2):07/14/2014

End of Comment Period:07/14/2014

**7. Agency Additional Information - Web Page**

<http://www.bhddh.ri.gov>

**8. Certification**

*I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Notary Public

Subscribed and sworn before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_